

STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B

PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

DIRECTIONS FOR NURSING ASSISTANT LICENSE BY COMPETENCY EVALUATION

New Hampshire has a mandatory licensing law; no one shall provide or offer to provide nursing-related activities in New Hampshire without a current New Hampshire license. To be eligible for licensure by competency evaluation, you must:

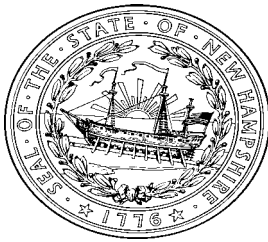
- (a) be certified by a Board-approved nursing assistant program or comparable education completed within 5 years immediately prior to date of application; AND
- (b) receive a passing score on a Board-approved competency test completed within 2 years immediately prior to date of application.

DIRECTIONS:

- _____ Complete application, sign and date.
- _____ Submit evidence of successful completion of a New Hampshire Board of Nursing approved nursing assistant program or comparable education completed within 5 years immediately prior to date of application, as noted in Nur 702.02 (a)(2).
- _____ Submit evidence of successful completion of a written/oral and skills Board-approved competency evaluation program completed within 2 years immediately prior to date of application, as noted in Nur 702.02 (a)(3).
- _____ Include with application a check for \$20.00 made payable to "Treasurer, State of New Hampshire."

FEES ARE NOT REFUNDABLE.

Please note: Failure to provide all the requested information shall cause the application to be returned.



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For Office Use Only:

FEE: \$ _____

REC'D: _____

CK/MO: _____

Reg.# _____

Issue Date: _____

Nursing 603-271-2323

Nurse Asst. 603-271-6282

APPLICATION : NURSING ASSISTANT LICENSE BY COMPETENCY EVALUATION

1. Name: _____
 (Last) (First) (Middle) (Maiden) (Other names used)

2. Mailing address: _____
 (-Street Number) (City) (County) (State) (Zip)

3. Telephone .() _____ Social Security # _____/_____/_____
 (Optional) Date of Birth ____/____/_____
 (Month) (Day) (Year)

4. Nursing Assistant Program: _____

Address: _____
 (Street Number) (City) (State) (Zip)

First Class Date: ____/____/____ Certification Date: ____/____/____ Competency Evaluation Date ____/____/____
 (Month Day Year) (Month Day Year) (Month Day Year)

5. Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition ? *Yes () No ()

6. Current Employer: _____ Telephone:() _____

Current Employer Address: _____
 (Street Number-) (City) (County) (State) Zip

Date of Hire: ____/____/____ Job Title: _____

7. Have you received reimbursement for your CNA education? Yes () No ()

8. Do you have a CNA or nursing licensure in other states? Yes () No ()

Name states: _____
 License type: _____
 Expiration dates: _____

9. Have you:
- a. ever had any disciplinary action against a nursing or nursing assistance license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your nursing/nursing assistance practice? *Yes () No ()
 - b. previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled? *Yes () No ()
 - c. ever been convicted of a felony or any criminal act, not including traffic offenses? *Yes () No ()

10. Are you mentally and physically competent to provide nursing-related activities? Yes () *No ()

***If "Yes" to 5 or 9 a, b, or c, or "No" to 10, please attach a letter of explanation.**

RELEASE OF INFORMATION

I authorize the New Hampshire Board of Nursing to add my name and address to a computerized listing of health-care providers in New Hampshire. Yes () No ()

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

 Full Signature of Applicant

 Date of Application

APPLICATIONS NOT COMPLETED WITHIN 180 DAYS WILL BE PURGED

**WANT MORE
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at www.state.nh.us/nhsp/
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at www.state.nh.us/nursing/



IMPORTANT!

**Don't risk a delay in getting
your license issued or
renewed!**

Start the process early!

**Your license will not be
issued or renewed until your
current Criminal
Convictions Record has been
received and reviewed by the
Board of Nursing!**

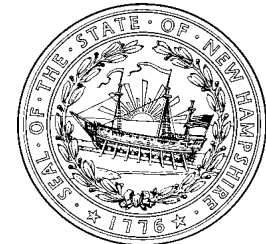
**You may not work without
an active license!**

***THERE ARE NO
EXCEPTIONS!***

IT'S THE LAW!

**Mandatory Criminal
Background Checks for
Nurses and Nursing
Assistants**

An Informational Brochure



**New Hampshire
Board of Nursing**

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(603) 271-2323
(603) 271-6282
www.state.nh.us/nursing**



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

New Hampshire Board of Nursing

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 78 Regional Dr. Bldg B, Concord NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records



CRIMINAL BACKGROUND CHECKS: IT'S THE LAW!

The next time you renew your license to practice as a RN, LPN, or LNA, the process will be slightly different. In July 2003, the State of New Hampshire enacted a law requiring that all licensees who apply to the Board of Nursing for a license must send in a Criminal Convictions Report from the Division of Police. This is how the process will work:

1. You will receive a Criminal Record Release Authorization Form along with your license renewal or reinstatement application.
2. Complete the information requested on the Criminal Record Release Authorization Form and have the form notarized by a Notary Public. **DO NOT SIGN THE FORM UNTIL YOU ARE MEETING WITH THE NOTARY PUBLIC.**
3. Send the completed, notarized Criminal Record Release Authorization Form along with a check or money order for \$10.00 to the NH Division of State Police at 10 Hazen Drive, Concord, NH 03305.
4. The Division of State Police will send your Criminal Convictions Report directly to the Board of Nursing. Your report must be dated no more than 45 days before your license is issued.
5. Send your application for license renewal or reinstatement along with the correct license fee to the Board of Nursing.
6. Your license will not be issued until the Board of Nursing has received and reviewed your Criminal Convictions Report sent to us by the State Police. ***PLAN AHEAD!***

REMEMBER!

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.
- ◆ **THERE ARE NO EXCEPTIONS! IT'S THE LAW!**

QUESTIONS?

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public available in the Board office. **DO NOT** sign the form until you are meeting with the notary public.

Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of Police to the Board of Nursing office.

How many weeks before I renew my license can I start this process?

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

How long will this process take?

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police and sent to the Board of Nursing within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.

CRIMINAL BACKGROUND

CHECKS

IT'S THE LAW!

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check.

Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, www.state.nh.us/nursing. The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

YOU MUST

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

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